

CHARTER TOWNSHIP OF WATERFORD **CLERK'S OFFICE**

5200 Civic Center Dr. • Waterford, MI 48329 Phone 248-674-6266 • Fax 248-674-5455 Web Page www.waterfordmi.gov

LIQUOR LICENSE APPLICATION

	CLERK'S USE ONLY					
	Date Received:	ate Received: Non-Refundable Application Fee \$500.00				
	Date Sent to Depts	Date Sent to Depts Response from Police:Respo			from Fire	
	Response from Zoning	Response from T	Γreasurer	Response	from DPW	
	Response from Building	_Date of Townshi	ip Board Action:	F	_Final Action:	
	Circle One Class: C SDM SDD OTHER_	SDM SDD OTHER Check one: New 7			sfer	
	A non-refundable fee of \$500.00 must accompany this application.					
mat pro app	ormation contained in this application is require terials you believe will assist the township in its operty owner (or the duly authorized representative (if different than the Contact Information	s review of your p ntative of all own	proposal. This application of the state of t	on must bear	the signature of the	
NAME ADDRESS						
	CITY		STATE	ZIP		
	EMAIL ADDRESS PHONE					
2.	2. Location of Business					
	BUSINESS NAME/DBA/LEGAL NAME					
	ADDRESS			PHONE		
PARCEL ID NUMBER CIRCLE CLASS TYPE APPLYING FOR C SDM SDD OTHER (PLEASE S			PLEASE SPECIFY)			
	EXISTING ZONING OF PARCEL		EXISTING USE OF PARCEL			
	DESCRIBE THE STREET/ROAD ON WHICH THE PROPERTY IS SITUATED					
	DESCRIBE ALL THE LAND USES SURROUNDING THE PROPERTY, INCLUDING THOSE ON EACH SIDE, BEHIND, AND ACROSS THE STREET FROM THE PROPERTY IN QUESTION					
	STATE THE TOTAL SQUARE FOOTAGE OF EACH BUILDING PROPO	OSED ON THE PROPERTY			SEATING CAPACITY	

DESCRIBE DAY-TO-DAY OPERATION OF THE PROPOSED BUSINESS								
HAS THERE BEEN AN APPLICATION BEEN MADE FOR ANY OTHER LICENSE FOR THI LOCATION BEFORE?	IS IF YES, TYPE / DATE / DISPOSITION							
Applicant Information-This license will be held	by:							
An Individual (Attach copy of any Assumed N	Name Certificate)							
A Partnership (Attach a copy of Partnership Co	ertificate)							
A Corporation (Attach a copy of Articles of Inc.	corporation)							
☐ A Limited Liability Corporation (Attach a cop	by of Articles of Incorporation	on)						
Applicant Information (Complete for each owne additional sheets if neede		r/resident agent,	attach					
NAME	TYPE OF INTEREST IN BUSINESS		DATE OF BIRTH					
DRIVERS LICENSE NUMBER	CELL PHONE / BUSINESS PHONE							
STREET ADDRESS	СПУ	STATE	ZIP CODE					
EMAIL ADDRESS								
HAVE YOU LIVED AT THE SAME ADDRESS THE LAST TWO YEARS YES NO If your answer to this question was "No", list any other residence address for the last two years								
STREET ADDRESS	СПУ	STATE	ZIP CODE					
STREET ADDRESS	CITY	STATE	ZIP CODE					
CITIZENSHIP	PLACE OF BIRTH	PLACE OF BIRTH						
ARE YOU A NATURALIZED CITIZEN OF THE UNITED STATES?	IF YES, DATE AND PLACE OF NATURAL	IF YES, DATE AND PLACE OF NATURALIZATION						
NAME	TYPE OF INTEREST IN BUSINESS		DATE OF BIRTH					
DRIVERS LICENSE NUMBER	CELL PHONE / BUSINESS PHONE							
STREET ADDRESS	CITY	STATE	ZIP CODE					
EMAIL ADDRESS								

HAVE YOU LIVED AT THE SAME ADDRESS THE LAST TWO YEARS YES NO						
If your answer to this question was "No", list any other residence address for the last two years						
STREET ADDRESS	CITY	STATE	ZIP CODE			
STREET ADDRESS	CITY	STATE	ZIP CODE			
CITIZENSHIP	PLACE OF BIRTH					
ARE YOU A NATURALIZED CITIZEN OF THE UNITED STATES?	IF YES, DATE AND PLACE OF NATURALIZATION					
	1					

- **5.** Attach a copy of the applicant's driver's license
- **6. Attach** building plans showing the entire structure and premises and specific areas where the license is to be utilized.
- **7. Attach** a preliminary site plan showing the relationship of the proposed or existing building to the surrounding property and uses, including proposed parking facilities and lighting. An architect's rendering or a clear photograph of the building must accompany the preliminary site plan.
- **8. Attach** a statement as to the Applicant's experience in owning, managing, operating, and/or financing this type of business or any related business, including previous business references.
- **9. Attach** a statement and supporting documentation providing evidence that the Applicant is financially able to meet the obligations and business undertakings for which the license is to be issued.
- **10. Attach** if this is an application involves the transfer of a Class C Liquor License within three (3) years of its original issue date, a copy of the executed and binding contract for the buy/sell of the License and/or the business for review.

11. Property Owner

NAME		DATE OF BIRTH	
STREET ADDRESS	CITY	STATE	ZIP CODE
CELL PHONE / BUSINESS PHONE	EMAIL ADDRESS		

12. Business History

DOES THE APPLICANT CURRENTLY HOLD A LIQUOR LICENSE? CLASS C / SDD / SDM OTHER	BUSINESS NAME and BUSINESS ID #	YEAR LICENSE W.	AS OBTAINED
STREET ADDRESS	CITY	STATE	ZIP CODE
HAS THE APPLICANT PREVIOUSLY HELD A LIQUOR LICENSE? CLASS C / SDD / SDM OTHER	IF YES , BUSINESS NAME	YEAR LICENSE WA	S OBTAINED

	STREET ADDRESS		CITY		STAT	E	ZIP CODE	
	HAS THE APPLICANT EVEN HAD A LIQUOR LICENSE SUSPENDED OR REVOKED? CLASS C / SDD / SDM OTHER		IF YES , BUSINESS NAME and BUSINESS ID #		YEAR LICENSE WAS SUSPENDED OR REVOKED AND REASON			
	STREET ADDRESS HAS THE APPLICANT PREVIOUSLY MADE APPLICATION FOR A LIQUOR LICENSE AT ANY OTHER LOCATION?		CITY		STAT	Έ	ZIP CODE	
			IF YES , BUSINESS NAME	IF YES , BUSINESS NAME and BUSINESS ID #		YEAR OF APPLICATION /DISPOSITION		
	STREET ADDRESS			CITY		STAT	E	ZIP CODE
13	. Violation History							
Ha	as Applicant/Any Partner/Officer	:/Manager/Res	sident A	Agent been conv	icted of (attach add	ition	al sheets	s if needed):
• (A felony Operating under the influence of Controlled Substance Operating with an Unlawful Bo	•		• Operat	ing While Intoxica ing While Visibly /Furnishing Alcoh	Imp		on under 21
	Name Date of Conviction Arres		ting Agency Nature of Offense		e	Punishment (not including fines and costs)		
Does the Applicant/Any Partner/Officer/Manager/Resident Agent have a permit to carry a concealed weapon? [] YES [] NO								
Do	Do you plan to keep weapon on premises? YES NO							
14.	14. Relevance to Community Goals							
Describe what you believe are the overall benefits that the proposed establishment would provide to the Township and the betterment of the community.								

15.	15. Describe what impact the proposed establishment will have on the character of the area				

16. Certification

I, the undersigned applicant, give permission to the Officials of the Charter Township of Waterford and its Consultants to enter the property that is the subject of this Application for purposes of inspection to review and verify the information on the application. This inspection will occur during business hours and will only include entry into a building upon mutually agreeable arrangement with the applicant and/or property owner.

I, the undersigned applicant, have read and understand each and every provision and requirement of **Waterford Township Code Chapter 10 Article IV** regarding the regulation of sales of liquor in the Township; and I will provide such other information that the Township requests and deems necessary, in its reasonable discretion, to discover the truth of the matters required to be set forth in this application or required by Township Ordinances.

I, the undersigned applicant, hereby swear that all of the statements, answers and information I have provided as part of this application are true, accurate and complete to the best of my knowledge. And I understand and acknowledge that any falsehoods or misrepresentations contained in such statements, answers or information can, among other things, be the cause of a denial of the requested license and cause for the revocation of any license issued to the applicant under Chapter 10 of the Waterford Township Code.

I understand and agree that adult entertainment will not be permitted in the establishment. Adult entertainment includes,

Acknowledged before me on _______, 20____

My Commission Expires:

Acting in County, Michigan

_____ County, Michigan

17. Oath

Notary Public

Acknowledged before me on _______, 20____

My Commission Expires:

Acting in _____ County, Michigan

_____ County, Michigan

I swear or affirm that if this application is granted and a license is issued, I will not violate any applicable laws or ordinances of the State of Michigan, County of Oakland, or Township of Waterford in the conduct of the business.

Notary Public

		Signed	
Taken, subscribed and sworn to before me this	day of	, 20	

TITLE

18. Transfer of Class C license within three years of the date of original issuance:

The Township Board has determined that profiteering by Class C liquor license holders is contrary to the best interests of the Township. Accordingly, in order to prevent profiteering, to the full extent authorized by law the Township Board shall not approve the transfer of a Class C liquor license within three years of the date of the original issuance of the license. An agreement between the applicant and the Township, following recommendation by the Township Attorney shall be prepared and agreed upon to give effect to this provision prior to final action being taken by the Township Board on an application. The Township Board may, but is not required to, excuse the above anti-profiteering limitation for any of the following reasons:

- 1. If the license holder is a natural person, he or she dies or becomes incapacitated.
- 2. If the license holder is a corporation, the majority shareholder dies or becomes incapacitated, or the corporation dissolves for reasons other than to transfer the license.
- 3. If the license holder is a limited liability company, the company dissolves for reasons other than to transfer the license.
- 4. The license holder and the proposed license transferee establish that the transfer of the Class C liquor license shall not result in profiteering.
- 5. The application of this anti-profiteering limitation will subject the applicant to financial hardship due to no fault of the applicant, such as a change in the business climate, illness or death, labor or supply problems, and/or other factors outside the applicant's control.

The agreement shall provide that, unless excused by the Board as provided above, in the event a license is placed into escrow with the Liquor Control Commission within three years from the date of issuance, the Township Board may approve the issuance of the license to a new applicant without payment to the licensee from whom the license had been placed into escrow, and that a licensee waives any property interest in such license upon placement of the license into escrow within such three year period; provided, however, prior to the approval of such issuance to a new applicant, the person or entity from whom the license had been placed into escrow shall be afforded written notice and an opportunity to be heard, and all objections raised at the hearing shall be resolved (at the Commission or in the circuit court if necessary) prior to issuance to a new applicant.

Business Owner Signature	Date
Printed Name	